

*Other Registered Nurses
at the
Heber Hospital*

ENTER ALL DATA IN THIS ORDER:
DATES: 14 Apr 1794
To indicate that a child is an ancestor of the person submitting the sheet, place an "A" behind the number pertaining to that child.

FAMILY
GROUP
RECORD

HUSBAND

Born _____ Place _____
Chr. _____ Place _____
Marr. _____ Place _____
Died _____ Place _____
Bur. _____ Place _____

HUSBAND'S FATHER

HUSBAND'S MOTHER

HUSBAND'S OTHER WIVES

WIFE

Born _____ Place _____
Chr. _____ Place _____
Died _____ Place _____
Bur. _____ Place _____

WIFE'S FATHER

WIFE'S MOTHER

WIFE'S OTHER HUSBANDS

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	WHEN DIED		
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		DAY	MONTH	YEAR
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS

Husband

Wife

Merle GARDNER

Ward
Examiners:

1.

2.

Stake or
Mission

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND

RELATION OF ABOVE TO WIFE

FOUR GENERATION SHEETS FOR FILING ONLY

YES ☐

NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY

LDS ORDINANCE DATA

BAPTIZED (Date) ENDOWED (Date) SEALED (Date and Temple)

HUSBAND

WIFE

SEALED (Date and Temple)
WIFE TO HUSBAND
CHILDREN TO PARENTS